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Abstract

Global Bioethics: A story of dreams and doubts from Bengal, India.

This article is concerned with the practice of bioethics outside of the Euro-American and Anglophone settings in which it was first formulated. In theoretical terms the article considers the frictions that arise when global scale projects such as bioethics [evident in declarations, protocols, training, journals etc] are introduced into diverse social and cultural settings. Methodologically, the piece is constructed around the biography of an Indian medical educator trained in bioethics and working to promote the sub-discipline in the Indian context. The piece describes the situated practice of bioethics and highlights the incommensurability of some of its key terms and concepts when practiced outside of the global north.

Keywords: India, bioethics, biography, life history.

Global Bioethics: A story of dreams and doubts from Bengal.

This essay is about the dream of a global bioethics. It touches upon some big issues concerning how progress in biomedicine and biotechnology might best be linked to justice and human flourishing in all parts of the world and not just in the global north. More specifically, however, it is about disappointment and regret when this dream is placed alongside the realities of living and working in a resource-poor setting in the global south. The essay focuses on a narrative account of the work of an Indian medical educator and his efforts to embrace and promulgate the insights and benefits of bioethics in his own professional environment. It explores an individual biography in which intellectual frictions and fractures open up as attempts are made to engage with versions of bioethics that emerge out of the global north. It tells of the travails of connection, communication and mutual comprehensibility that unfold in efforts to bring diverse people, situations and contexts within a singular framework of values and perspectives.

The big question.

Within the multi-faceted discipline of bioethics the question of how to reconcile universal value systems with the evident fact of cultural diversity is a perennial one. It arises at the point where there is an attempt to persuade that acceptance of one approach to a challenging issue is more appropriate, right, moral, or correct than another. The issue is particularly difficult in any situation where doctors, researchers and bioethicists work across a mosaic of different beliefs, values, ethnicities and traditions which, in a world of ever-increasing mobility and connection, is likely to be most circumstances. It engenders questions such as: how might the global policies, protocols and guides to practice which render bioethics

transnational in its appeal also operate at local levels and in circumstances in which biomedicine and biotechnology are framed very differently; what should be the response when those who are the object of persuasion express concerns that the presumptions of contemporary bioethics do not fit well in their particular context? Here we enter that domain that is usually labelled 'culture' and which signals the importance of the context in which bioethics is practiced and not merely its content. In short, this thing called 'culture' is a source of contention because it is felt to be under-valued, misunderstood or ignored completely in transnational discourses on bioethics as these relate to biomedical research and therapeutic practice. In grappling with these issues there are those who look for the knock-out punch, asserting the primacy of universalism with the language of rights as sacrosanct (Dawson and Garrard 2006; ten Have 2011; Bracanovic 2011). There are others who explore strategies of compatibilism and other kinds of middle-path-ology (Tsai 2005). Yet others assert that 'culture' and not 'ethics' is foundational in trans-cultural encounters and, moreover, that we cannot hope to do the latter without full cognisance of the former. Accordingly, bioethics and how it might serve human dignity, flourishing, respect and rights is always situated and must be understood in terms of local conceptions of disease, personhood, relationships and well-being (for example see Christakis 1992; De Vries 2003; Fox and Swazey 2010; Myser 2003, and 2011). These are not mere surface divisions but concern fundamental questions about the nature of epistemology, ethics and, indeed, the political contexts in which these are played out.

My own contribution to this debate is as a social anthropologist. As such, my interest over the years has not been so much in an anthropology that operates as part of the bioethics assemblage, but in an anthropology of bioethics, a critical reflection on how projects of global human scale play out in local settings. The distinction is an important one because it signals the fact that social anthropologists tend not to be so comfortable moving in the moral

high ground of normative pronouncements: what it is that people ought to do, how they should respond and how certain practices ought to be viewed. An anthropology of bioethics is primarily concerned with the ways in which such pronouncements are refracted through different political and economic lenses and bring about consequences both intended and unintended. To focus on this terrain takes us into the realms of organisations, discourse, rhetoric, power and everyday practice. To set the microscope at this level of magnification, so to speak, does not mean that I am hopelessly at sea in a world of relative values and nor does it mean that I do not have my own moral and political convictions. Rather, it means that I see my contribution as an anthropologist in this field primarily as one of bringing into the light other people's life-worlds and how matters of life and death are shaped by factors that are both within their control as well as ones that are outside it (Fassin 2008; Das and Han 2016).

The methodological device I use here to explore the entanglement of bioethics and culture is that of biographical analysis: the detailed explication and analysis of the life of a single individual.ⁱ The case in point is a medical educator and advocate-cum-practitioner of bioethics working in India. The account of his life and work make clear what it means to render abstract debates about bioethics meaningful and consequential within 'local moral worlds' (Kleinman 2006). In other words, to consider the practice of bioethics not so much in its well-appointed control rooms and headquarters but on the frontline, among those engaged in day to day combat regarding the 'dilemmas and controversies' of modern medicine when practiced under conditions of rapidly developing neoliberal economics. What does it mean to render the global currencies of virtue commensurate with the quotidian circumstances of professional life in contemporary India? The stories that illustrate this encounter are important because they highlight the challenges and stark contradictions that lie beneath the apparently smooth diffusion of a global bioethics into developing world settings.

Here one might think of the plethora of capacity-building initiatives, bioethics training courses and workshops, conferences, journals and all the other paraphernalia of a recently established and expansive inter-disciplinary sub-field.

In India, however, the growth of bioethics has been slow and uneven. At the formal level organisations like the Indian Council for Medical Research (ICMR) have established regulatory guidelines for medical research in areas such as clinical trialling and in relation to genetic modification and stem cell therapies (ICMR 2006, Kumar 2006). The ICMR is affiliated to the Forum for Ethical Review Committees of the Asia Pacific region (FERCAP) which accredits ethics committees in collaboration with a local ‘chapter’, the Forum for Ethical Review Committees India (FERCI). In recent years, activity in the development of ethics committee competence and coverage has increased substantially in the wake of increased pharmaceutical trialling in India (Simpson et al 2014, Thatte and Marathe 2018). However, despite much effort at the institutional level, poor resourcing and the scale of the problems faced, means that formal ethical bodies are limited in their ability to monitor their own guidelines and penetrance is correspondingly patchy. Bioethics activity at the informal level is similarly scattered. Here activity is often grounded in welfare, human rights and justice issues. It is typically characterised locally as ‘activism’ and tends to operate quite separately from formal institutions and organisations. The work is carried voluntarily by socially conscious doctors, NGO’s and, as is the case in point here, medical educators. The Indian Journal of Medical Ethics (IJME), established in 1993, serves as an important local platform for practitioners and academics working to promote bioethics in a more activist mode.ⁱⁱ As an open-access journal with no publication charges, the IJME has provided an important articulation point for critique of both national and international policies and practices in biomedicine and the biosciences. Nonetheless, as a community, bioethics activists are scattered and fragmented. It is amongst this disparate and somewhat

marginalised community that the subject of this essay is to be found. Whilst he acknowledges the efforts of others in promoting bioethics in India and participates in national fora (such as the IJME), he remains critical of what he sees as top-down bioethics initiatives promoted by national and international agencies. It is to the biographical anatomy of this critic and his critique that I now turn.

Professor Chattopadhyay.ⁱⁱⁱ

I first met Professor Chattopadhyay in the UK in 2008. He was attending a workshop run by the Wellcome Trust on the topic of animal ethics. For someone brought up within a Hindu tradition and committed to vegetarianism and non-violence, there was much in the workshop that was of interest to him. A friendship was struck up and following the workshop he came to my home in Durham and spent time at the University, meeting colleagues and discussing a range of ethical issues. Many of these discussions were cast in a kind of east-meets-west dialogue. The exchanges were stimulating and enjoyable and we resolved that we would seek a future opportunity to work together to produce an article on the vexed topic of autonomy – what it is and how it works, or fails to work, in the Asian context? Our starting point was that from Nuremberg onwards, the decision-making power of the medical/ research subject has been placed above that of the interests of the state: never again would people be reduced to a state of total abjection in the interests of scientific experimentation. For example, the Declaration of Helsinki states that “concern for the interests of the subject must always prevail over the interest of science and society” (29, section 1.51). Likewise, section 3.2 of the Declaration on Bioethics and Human Rights states that ‘The interests and welfare of the individual should have priority over the sole interest of science or society’ (UNESCO

2005 also see Rawlinson and Donchin 2005). What was of interest was the idea of the 'subject' and the relationship between 'individual' and 'society' implicit in these formulations. What was particularly engaging was the way that in the Indian setting a strongly individualistic reading of rights often comes into conflict with ideas of duty and service (*seva*) towards the 'collective good' (for example, in the ethics of public health). The issue for him, and for me, was that to remain solely with the western bioethics and the human rights framework, left much that was of relevance and importance out of the frame, and especially so in the context in which he worked. What of the many other ways of being moral, making-claims and pursuing justice and protection for the weak and oppressed that are practiced by ordinary citizens as well as professional activists? We managed to identify funds for a further study visit to the UK to explore these questions but each year the planned visit did not happen as Professor Chattopadhyay could not get away from his responsibilities in the medical colleges in which he worked. Our dialogue continued over email. In summer 2013, another attempt by Professor Chattopadhyay to come to the UK foundered due to his change in job location and work commitments. As I was going to be carrying out work in Sri Lanka later that year, I undertook to visit Professor Chattopadhyay in India in order to take forward the 'autonomy' project. However, spending time with Professor Chattopadhyay in his own working environment and talking at length about the problems therein made it very clear just where his concerns about the limitations of 'western' bioethics lay. The visit laid open a much bigger backdrop of inequality, social injustice and corruption in Indian medical practice and against which working life seemed to be one ethical challenge after another. Simply travelling the two hours along a dusty and unsurfaced road to get to the government medical college where he worked was a salutary experience for me (and I am no stranger to travel in Asia). The new two lane motorway that was to replace the temporary road ran parallel alongside it, half finished. It had been this way for a long time and would be

so for a few more years to come and, like many infrastructure projects in India over the years, it had been hampered due to a bewildering mix of dispute, bureaucracy and corruption. At that time, Professor Chattopadhyay was spending no less than four hours per day in an extremely strenuous commute to work and back. After such a journey I found it hard to imagine starting a long working day of teaching and administrative duties – having arrived at the College on that first day I simply wanted to lie down and recover. The medical college was recently built and rather sparse in its appearance. Since its opening three years earlier the College had been under-resourced in terms of people, equipment and support. There were many demands faced by staff at the College simply to keep it functioning. Not least of these was negotiating the etiquette of power and hierarchy with senior College and University officials within which I too became briefly caught up in a series of meetings and dinners. Professor Chattopadhyay said that one day he hoped to organise students to plant grass, flowers and trees to make it more appealing than the hard-baked, dusty earth and unkempt weeds that grew in the quadrangle and grounds. In short, the College was a far cry from the glossy private colleges and institutes that now grace the corporate education sector in greater Kolkata and other big cities in India. It was part of the ‘government sector’ and as such struggled under the dead weight of bureaucracy and the vagaries of political patronage. Set down in this working environment, a hypothetical debate about autonomy was quickly dwarfed by our discussions about the real-politic of resource allocation and working conditions. These discussions soon opened out onto a much wider landscape in which mis-management of resources, rampant corruption, the erosion of civil society and the disintegration of the rule of law all played their part in degrading hope and the human spirit in contemporary India (Gupta 2012). Of particular relevance for Professor Chattopadhyay was the wholesale commercialisation of healthcare and medical education evident in the mushrooming of private medical colleges and corporate clinics and hospitals. These

developments were having a significant impact on people's access to good quality health services and the provision of medical education in India (Patil *et al* 2002; Yip and Mahal 2008). This backdrop was the one against which Professor Chattopadhyay endeavoured to practice and promulgate the insights being offered by the discipline of bioethics. The simple point to make here is that when comparing the position of a professor teaching in a university in the US or UK who is a bioethics practitioner-cum-advocate and Professor Chattopadhyay's position, we are not comparing like with like when it comes to 'doing bioethics'. Professor Chattopadhyay begins with a massive overhead of other concerns about what it is to be moral, and, as he put it, 'to do the right thing'. These are challenges that are rarely seen on the bioethics agenda. For example, his enthusiasm and advocacy of bioethics within medical education is seen by his colleagues as at best a 'hobby' and a 'utopian' pursuit and at worst a kind of 'obsessive madness' that does not really figure in the real business of training 'tomorrow's doctors about how to deal with sick bodies. Time, resource, support and encouragement for a broader, more humanistic and ethical view of medicine, technology and suffering are difficult to cultivate under the conditions in which he works. Moreover, given Professor Chattopadhyay's circumstances, making sense of the mismatch between what a global bioethics has to offer and the progressive erosion of civic and community values and responsibilities in Indian society more widely is no easy undertaking. How are the deeper structural crises and inequalities evident in Indian health service delivery to be addressed through the tools made available to him by contemporary bioethics? Are these even the right tools for the job? The edifice of bioethics itself is brought into question for its failure to provide critical traction on biomedical challenges beyond Europe and North America (Churchill 1999; Das 1999; Everett 2006). The journals, publications and conferences of bioethics would seem to contain little that is of relevance in his situation; their scholarship makes perfect sense in those worlds but unfortunately not in the world in which he lives and

works. In his day to day practice, Professor Chattopadhyay appears as a man caught awkwardly between different worlds. Reflecting on this position we get an insight into an unusual life and one that provides a kind of prism through which we might refract the workings of power and culture in the wider context of biomedicine and biotechnology in India today.

A short biography

Professor Chattopadhyay grew up in the knowledge that he was the descendant of a family of Hindu small land-owners who had once lived in territory which is today in Bangladesh. He also grew up in the knowledge that his father and grandparents had fled their home in the night with little other than the clothes they stood up in. Amidst a growing sense of panic among Hindus in East Bengal in 1946, concerned Muslim neighbours had warned the family that there was to be a pogrom and they were no longer safe. There was but one small tragedy in the widespread communal rioting that erupted across India at that time and which marked the beginning of the partition of West and East Pakistan from India. This bitter and bloody division left Professor Chattopadhyay's grandparents and their children, along with thousands of others, penniless and homeless in Calcutta and with their lands in another country. His grandmother suffered a major mental breakdown and never recovered. His father and uncle grew up in the midst of great poverty. Events such as these were by no means unusual and form part of a widely shared narrative of loss and displacement among Bengalis today. Throughout his childhood Professor Chattopadhyay remembered his father trying to make sense of the tragedy he and his parents had suffered, the violence they had witnessed and the rootlessness they had come to feel. He recalled how his father visited many religious institutions and holy men in his quest for answers to his existential questions. His father became a disciple of Sri Anukulachandra, founder of the Satsang movement, in pre-partition India.^{iv} Although the tragedy of partition and loss loomed large in Professor

Chattopadhyay's upbringing it never came up in day to day conversation; it was an absent presence, so to speak.

By the time Professor Chattopadhyay was born in the early sixties, the family had mostly weathered the crisis and recovered a modicum of economic security. Professor Chattopadhyay remembers growing up in a single room in which he lived with his parents, sister and relatives who occasionally lodged with them. However, growing up in Calcutta in the 1960s and early 1970s was difficult for other reasons. He recalled how, aged 7 or 8, he had strayed into a cremation hut in which a body was burning. This encounter coincided with the death of a school friend and he remembered it as a time when the air seemed to be perpetually heavy with the smell of bomb blasts and the streets were places of violence and murder. This was also the time of the Maoist uprising in West Bengal led by a group known as the Naxalites, named after Naxalbari, the small town in northern West Bengal in which the insurgency first began. Death was something that featured prominently in his upbringing. Aged about 10 years old, Professor Chattopadhyay was caught up in the state's suppression of the Naxalite movement culminating in the Cossipore-Baranagar massacre which took place in 1971 in which over 100 young men were murdered (although the exact figure has never been verified). He recalls how in his neighbourhood windows and doors were kept tight shut for three days. Every house suspected of sheltering Naxalites in the area was searched and any one with real or putative connections to the Naxalites, was taken away and detained with many being tortured and summarily executed. Professor Chattopadhyay's parents later said that they had 'thanked god' that their son was young at that time because had he been older he would have most likely been killed. When the Bangladesh war erupted in 1971 Professor Chattopadhyay was also witness to the millions who fled the war as refugees only to struggle to survive on the streets in Calcutta and other places. He was about 15 years old in 1976 when Indira Gandhi announced the 'emergency' and suspended

democratic rights and normal judicial procedures. He explained how these events prompted in him some early reflections on the meaning of existence and the place of death in life. During his high school days he also developed pulmonary tuberculosis and was kept in their one room home even though doing so put other family members at risk. His parents feared that he would be taken away to an isolation hospital. They also feared eviction by the landlord should his condition become more widely known. He recalled how for long periods he was not allowed to leave the room because of his ill-health. It was during this time that Professor Chattopadhyay learned the art of escaping into books and the worlds of knowledge they opened up. In our conversations, he speculated on whether his long-term isolation and the 'escape' into literature this made possible might account for some of his present difficulties; he might have acquired too much imagination and a consequent difficulty in accepting things as they are.

Through their considerable efforts, Professor Chattopadhyay's parents secured a good education for him and he was able to enter medical college in Kolkata. It was here that he found a ready affinity with leftist and socialist groups. He recalls how he was impressed with their ideology and drawn to a philosophy which was not just about understanding the world but changing it. The pain and suffering that he had witnessed in his early years had planted in him a deep moral and political aspiration to create a better society. However, within few years he came to realise that he made a poor revolutionary. His political activism gave way to a deeper sense that student politics was of little help in understanding broader questions of the meaning and purpose of life. He was also uncomfortable with the leftist antipathy towards religion and spirituality which he felt was misplaced and particularly so when it came to understanding the existential dimensions of suffering. Nonetheless, his leftist political leanings stayed with him providing a strange bedfellow for his interests in spirituality and religious observance. His father was later to point out that had he not known

that his son's horoscope showed him to be governed by two different planets, he would not have been able to make sense of him and of the actions that he was to take in later life. To his family and friends, these actions often seemed unnecessarily challenging, if not downright perverse.

His disillusionment at this time was by no means just with politics. He felt the medical education he was receiving to be fragmentary: 'every department was trying to make me a specialist rather than an all round good doctor'. This was also a period in which the growing commercialisation of health services was beginning to take hold in India. Lamenting the shift from the vocation of healer to the business of making money out of people's sickness, Professor Chattopadhyay recalled his shock when a practitioner he knew commented that: 'winter is not good for us, less people get sick. The rainy season is good as people get sick'. Given the prevailing values and attitudes in medicine, it seemed clear that medical practice was not going to be the route to a better society and his attention turned to medical research and education.

In the late eighties, Professor Chattopadhyay went to Aligarh Muslim University in Uttar Pradesh to pursue postgraduate studies. Whilst staying there he took a room in a predominantly Muslim part of the town with the express purpose of learning more about what he referred to as the "other". His belief was that this would make him a better citizen and teacher. Once again, however, communal riots played a part in shaping his experience. In the midst of one disturbance his Muslim landlord sat up all night outside his room with a shotgun to protect him against the bands of marauding thugs. In an echo of his grandparents' earlier experience, the next morning, the landlord asked him to leave because he feared that if the rioters were to come they would both be killed. Through these events he recalled how he came to realise that faith and the communal agenda were, and continue to be, two entirely different things.

From Aligarh he went to Banaras Hindu University and from there to the USA where he studied hormonal regulation of gene expression for a Ph.D. He subsequently completed a post-doctoral appointment and altogether lived in the USA for almost 8 years as part of a cutting edge molecular and cell biology research team. As a result of this experience it seemed to him that medical research was the way to change the world for the better. After such a lengthy sojourn in the USA many researchers in Professor Chattopadhyay's position had burned their boats, given up any idea of return and taken their place in the brain drain which has proved so disabling for many developing countries. He, however, felt it a duty to return to look after his parents and to use his considerable knowledge and capability for the benefit of his homeland. Defying the advice and expectations of many of his colleagues, friends and relatives he moved back to India.

When back in India, Professor Chattopadhyay experienced what he described as a 'reverse culture shock' mirroring the one he had experienced when he first moved to the USA. At a professional level he was dismayed to find that his experience and qualifications from the USA amounted to little in the eyes of the Medical Council of India (the statutory body that frames rules of appointments and promotions). He found himself starting his professional life afresh in a faculty position that was at a level typically occupied by those who had been his students before his time in the USA. He was also shocked by how badly structured and organised medical education and services were and the seeming lack of concern for values and ethics in all spheres of medical education, research and clinical practice. Negligence, apathy, greed, bribery, rake-offs and corruption seemed to him to be endemic in the Indian medical system. The problem as he came to see it was not the need to advance science, research and technology in India but a fundamental deterioration of moral values and empathy in medical teaching and practice. He bemoaned the replacement of human relationships with economic and instrumental ones throughout the world of medicine. From

2000 onwards he began to take a growing interest in philosophy and ethics and became convinced that their absence from medical education and clinical practice was the source of the problem and their re-instatement part of the solution. To extend his own understanding of philosophy and the ethics of medicine, he went onto the Erasmus Mundus Master of Bioethics programme in Europe. He returned to India permanently in 2007 having successfully acquired an advanced master's level qualification in bioethics. He described the courses he took on philosophy, ethics and bioethics as 'wonderful' but also expressed surprise that there was so little by way of socio-cultural context for the bioethics he studied and very limited reference to settings outside of Europe and North America. Nonetheless, he appears to have embraced a missionary role of sorts once back in India. The training in Europe gave him a philosophical and ethical language to understand many of the problems within the Indian system. Wherever possible in his role as a medical educator, he worked to build capacity in biomedical ethics despite little more than his own personal resources to do so. This was a period in which he repeatedly came into conflict with the system in which he worked. Refusal to compromise on ethics and standards in medical education and practice led to a series of job moves; resignation followed resignation in the hope that the next institution would be more sympathetic to his aspirations and ideals. Bioethics when invoked in the west is in many respects apolitical and safe; it does not pose a significant challenge to the prevailing order. However, as a 'western import' in India it is apt to become highly 'political', setting those who hold such attitudes apart from the mainstream. Not surprisingly, this was a period in which he became more and more disenchanted with bioethics as the vehicle to achieve effective change in the Indian medical setting. His attempts to build bridges between his world and that of western bioethics had the effect of antagonising rather than eliciting support. It would seem that Professor Chattopadhyay was the object of suspicion in whichever world he tried to express and assert himself: problematically 'Asian'

in the world of mainstream Western bioethics and problematically ‘Western’ among his medical peers in India. It was clear from our exchanges that being ‘governed by two different planets’ left him in an ambiguous and lonely place.

When Professor Chattopadhyay returned from Europe in 2007 he took a job at a private medical college in the state of Orissa. This was one of a burgeoning new generation of private medical colleges (Mahal and Mohanan 2006). His hope was that this radically different approach to medical education would circumvent a failing public sector system by emulating the excellence of a Yale or Harvard. This route would also offer him more chance of being able to incorporate biomedical ethics in medicine as a recognised part of the curriculum. There was utter disappointment when his aspirations regarding quality and ethics in medical education were clearly at odds with the institution’s financial priorities and practices. He recalled with some dismay how bribes and kick-backs and what he referred to as “black money” had permeated the landscape of the Indian medical education system to the extent that questionable practices now seemed endemic (Chattopadhyay 2009 and, 2013). One issue he brought to the management’s attention was unethical practice in the examination of medical students. This practice ensured that students of poor educational merit would graduate from colleges with medical degrees. On the basis of these degrees institutions would then claim higher success rates than rivals and thereby attract more paying customers. Attempts to take this matter up with managers was met with ‘an iron-wall of silence and resistance’. He was also troubled by the fact that some students educated at the private colleges left with such high levels of debt that they could not then afford to work in the public sector or did so in perfunctory ways due to their commitments to private patients and clinics. Seeing no other way forward, he resigned. This marked a break with the new wave of private sector medical colleges and a growing reputation as a whistle-blower in the face of irregularities in assessment, record-keeping, audit and management which often

underpinned the competitive edge of private colleges (*cf* Berger 2014).^v In his estimation, lack of vision and political will and the exodus of doctors from the government sector had put public medical provision in a parlous state, seriously affecting the millions of poor and middle-income Indians they were supposed to serve (Sen 2003; Sengupta and Nundy 2005; Wilson 2009). Against this backdrop he was finding that his enthusiasm for the discipline of bioethics was having little traction.

His perception of much of the scholarly work of bioethics he encountered was that it was ‘esoteric’, citing preoccupations with enhancement, pre-implantation and designer babies as examples. It was not that these were unimportant or uninteresting to him, simply that they were of little relevance in the world in which he worked and unlikely to attract support even if he did champion them. He also bemoaned the apparent lack of interest in the unethical behaviours that he was trying to combat. As he opined in a co-authored piece at the time: “Where are all the bioethicists when you need them?” (Chattopadhyay, Gillon, and De Vries 2012). His disenchantment led him to question the “ethics of bioethics” and take “gatekeepers” of mainstream western bioethics to task for what he saw as their parochialism (Chattopadhyay and De Vries, 2013). These criticisms have led to vitriolic exchanges, blog articles and editorials in international bioethics journals (for example see Ten Have and Gordijn 2013; Schuklenk 2015; Schuklenk and Magnus 2017). Our communications in recent years record a growing disillusionment that mainstream bioethics might offer ways forward for the challenges that he daily encounters in his professional and personal life.

On dreams and doubts.

In the account of Professor Chattopadhyay’s life, his early experiences of communal violence and civil unrest appear to have given rise to strong reactions to injustice and corruption. In

the search for a stable platform from which to launch his assault on these ills he has drawn on a variety of sources including the ethics of family and kinship, Marxist politics, and *Vaishnavite* Hinduism. As these particular sources of wisdom and practical action have proved inadequate to combat the forces ranged against the good society, his appeal has gone beyond what was locally available. He sought to enlist support and validation of a more universal kind. For Professor Chattopadhyay, the discipline of bioethics was seized upon as a platform for his activism, just as others might have turned to human rights or religious proselytising to achieve change in the face of widespread structural violence and state inertia. His hope was for a two-way traffic. Coming in to his world were the powerful logic and rhetoric of a global bioethics. This powerful assemblage would provide levers for change and a means to make visible the highly problematic internal workings of health care delivery and medical education in India. Going out from his world was an appeal for an epistemological broadening of the scope of ethics such that other conceptions of the moral and the just might be brought into play, and not just those of the global north. A similar sentiment is expressed by Amartya Sen^{vi} in his book *The Idea of Justice* (2009). Here Sen attempts nothing less than a global (rather than simply a western) theory of justice. Central to this work is the notion of plurality and the possibility that competing priorities can survive within a theory of justice. His charge is that western philosophies have pursued the perfectly just society (transcendentalism) rather than recognising that reducing injustice should be the objective and that there are many ways to achieve this. The parallels with Professor Chattopadhyay's desire to challenge and reframe what he perceived as a fundamentally western bioethics are strong.

Yet, both of these aspirations have proved to be a source of disillusionment. He is left with the kind of 'gap' that Gupta speaks of, when he describes how rules, documents and normative protocols created in faraway places are then applied across the 'developing world'

(Gupta 2012: 436-7). The ‘gap’ is also evident in his own alienation from the Indian medical profession as it becomes increasingly suffused with commercial rather than medical imperatives. These are the difficult straits that Professor Chattopadhyay must navigate on a daily basis. Moreover, these encounters have given rise to a series of defiant moments, a few of which I have described in this essay. Consideration of these moments enables us to go beyond debates about the universal and the particular in bioethics to see just what it means in human terms to work to establish the former in the latter. Normative principles and protocols are essential if we are to have a world which is capable of simplification and manageability in the interests of fairness and justice. However, the fine grain of lived experience is also important because it is here we get insights into ‘... the insecurity of moral life and the terrible inadequacy of our usual fumbling efforts to change or fully comprehend who we are and where our world is taking us’ (Kleinman 2006:26). These insights are crucial because without them the discipline of bioethics runs the risk of being limited to a tiny fraction of the world it claims to represent and mostly silent on the suffering and injustices that afflict large numbers of the world’s citizens. As Larry Churchill aptly put it: ‘Bioethicists do their work well when they seek translation across spheres of experience rather than take their native tongue as the privileged or universal language into which the wisdom of others must be translated’ (1999:263). This is indeed an important dream and an aspiration that needs to be taken seriously if doubts about bioethicists’ claims to represent a global discourse are to be removed.

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ⁱ The use of the biographical method is well-established in the social sciences and usually takes the form of an intensive account of a person's life or a particular part of it, gathered by means of a series of unstructured interviews. The approach seeks to locate the individual within the wider context of historical events, social relations and cultural norms and how the person narrates and interprets these from their unique position in the world. The method provides a powerful method for understanding the relationship between social, political and

historical forces and personal character (for an overview of this method see Ferrarotti 2005 and Bornat 2008). For an exploration of this relationship in the Indian context see Arnold and Blackburn (2004) who argue that an overly relational view of Indian culture has tended to obscure the importance of individual lives and hence biographical explorations of ordinary lives.

ii See <https://ijme.in/about-us/ijme/overview/> Accessed Feb 20th 2018.

iii The original version of this paper used a pseudonym throughout but in discussion with Professor Chattopadhyay it was agreed that the use of his actual name would not only be more honest and transparent but would also help in achieving the objectives of the article, that is, to locate the practice of bioethics in real places and with real people.

iv Satsang refers to a tradition of spiritual development in which those questing after knowledge and insight sit together with a guru or enlightened one who, following a short discourse, answers the questions of his acolytes (Frisk 2002).

v also see ‘Corruption, high-tech cheating mar India's med school exams’. Kiran Sharma <http://asia.nikkei.com/Politics-Economy/Policy-Politics/Corruption-high-tech-cheating-mar-India-s-med-school-exams?page=2> accessed 18th october 2015

vi Coincidentally Sen's early years were also influenced by partition. He was born in territory that was to become Bangla Desh and as a nine-year old boy witnessed first-hand the consequences of the Bengal famine 1943 in which up to 4 million people may have perished. This experience later resulted in his famous essay ‘poverty and famines’ (Sen 1981).